Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

| Date: | <u>12/14/2010</u> | Address: | Oak St. north of US 30 |
|--|---|--|--|
| Case #: | 24F32158 | | Plymouth |
| County: | <u>Marshall</u> | | <u>Indiana</u> |
| Type of Laboratory Scizure (check one) | | Seizure Location (check all that apply) | |
| | onal Lab al/Glassware/Equipment (only) te (only) | Residence Outbuilding Vehicle | ☐ Hotel/Motel ☐ Open No Structure ☐ Other: |
| Items Found: Location (bedroom, kitchen, open air, etc) | | | |
| (check all that apply) Lithium/Ammonia Reaction(s): vehicle | | | |
| Red Phosphorous/Iodine Reaction(s): | | | |
| ☐ Flammable Solvents: ychicle | | | |
| Water Reactive Metal (Lithium): vehicle | | | |
| Anhydrous Ammonia: | | | |
| ☐ Hydrochloric Acid Gas Generator(s): vehicle | | | |
| Corrosive Acid: vehicle | | | |
| Corrosive Base: | | | |
| Other (item and location): | | | |
| ∐ Ycs — ⊠ No | r age 18 discovered (check one) (number present) out to Child Protective Services | Ephedrine | : <u>Information</u> :/Pscudoephedrinc Tracking Log rchant Tip |
| This report is to be faxed to the following agencies that serve the location: | | | |
| Fire Department: Plymouth Fire Dept | | Fax: (574) 936-2156 Fax: (574) 936-9247 | |
| Health Department: Marshall Co. | | | |
| Child Protec | Protection Service: n/a | | |
| For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Tpr. John Wilson</u> Phone <u>574-546-4900</u> | | | |
| This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing. This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention. | | | |